

**PHARMACY BULLETIN**

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# **Missouri MEDICAID Bulletin**



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**PHARMACY CO-PAY CHANGE**

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- The pharmacy co-pay for children with Medical Eligibility (ME) code 75 will increase to \$9.00 per prescription effective March 1, 2001. The co-pay for this group was designed to follow the Missouri Consolidated Health Care Plan and the increase reflects the pharmacy co-pay increases for state employees.
- The pharmacy co-pay requirement for ME code 75 applies to both fee-for-service individuals and MC+ managed care health plan enrollees. The provider of services is responsible for collecting the co-pay from the patient. The provider may not deny services solely on the basis of the patient's inability to pay the co-payment. The \$9.00 co-pay will be deducted from the Medicaid maximum allowable for fee-for-service claims reimbursed by the Division of Medical Services.
- If the usual and customary amount is less than the \$9.00 co-pay to be charged to the recipient, the provider should collect the lesser amount. For example, if the usual and customary amount for a drug is \$7.00, the provider should collect from the recipient \$7.00 instead of the \$9.00 co-pay because the total charge is less than the co-pay amount. *Do not* charge the recipient \$9.00 for the co-pay. If the usual and customary charge is \$9.00 or more, the \$9.00 co-pay should be collected.
- Children with ME code 75 do not pay a shared dispensing fee for any drugs. They pay only the \$9.00 co-pay.

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**REVIEW OF PHARMACY SERVICES FOR UNINSURED PARENTS**

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- The normal pharmacy shared dispensing fee exemptions as stated in Special Bulletin Vol. 22, No. 2, date 11/1/1999 *do not* apply to ME codes 76, 77, and 79. Uninsured parents are required to pay a \$5.00 pharmacy co-pay and the shared dispensing fee of \$0.50-\$2.00. The recipient *must* pay both the co-pay and the shared dispensing fee amount even for prescriptions for family planning; pregnancy; or an emergency. *The provider may not deny services solely on the basis of the recipient's inability to pay the co-pay or the shared dispensing fee.*
- If the usual and customary amount plus the shared dispensing fee is less than the \$5.00 co-pay to be charged to the recipient, the provider should collect the lesser amount. For example, if the total of the usual and customary amount for a drug (\$4.25) plus the shared dispensing fee (.50) equals \$4.75, the provider should only collect from the recipient \$4.75. If the usual and customary amount is \$5.00 or more, the provider should collect the co-pay and shared dispensing fee.

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**SPENDDOWN RECIPIENTS EXEMPT FROM 31 DAY SUPPLY MAXIMUM RESTRICTION**

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Please be advised that for dates of service December 1, 2000 and after, all spenddown recipients are exempt from the Missouri Medicaid 31 day supply maximum restriction on pharmacy services. The 31 day supply maximum restriction policy continues to be in effect for all other fee-for-service Medicaid eligibles.

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**EXEMPTIONS FROM 31 DAY SUPPLY MAXIMUM RESTRICTION – DUE TO PACKAGING REQUIREMENTS**

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Please be advised that products that **must** be dispensed in quantities exceeding a 31 day supply due to product packaging will be exempted from this restriction. Products exempted include insulin syringes and needles, Serevent, fluoride drops, conjugated estrogen vaginal cream, Nasonex, and nitroglycerin. As other products are identified that meet this criteria, they will also be exempted from this restriction and providers will be notified by a Missouri Medicaid Bulletin. Specific drug categories that are exempt from this requirement are listed in Pharmacy Bulletin Vol .23, No. 2, dated 11/1/2000.

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**MISSOURI MAXIMUM ALLOWABLE COST (MAC) LIST REVISION**

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Effective for dates of service on or after December 1, 2000, the Missouri Maximum Allowable Cost (MAC) limits for the following products have been revised:

|                          |                |
|--------------------------|----------------|
| Lisinopril Tablets 2.5mg | 0.51900/tablet |
| Lisinopril Tablets 5mg   | 0.77820/tablet |
| Lisinopril Tablets 10mg  | 0.80360/tablet |
| Lisinopril Tablets 20mg  | 0.86030/tablet |

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**FEDERAL UPPER LIMIT LIST REVISION**

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The state agency has been advised that due to an insufficient supply of the drug product listed below, the federal upper limit has been removed effective for dates of service on and after December 8, 2000:

Albuterol 0.09mg/inh, aerosol, metered, inhalation, 17 gm.